DAY TREATMENT AND TRAINING, CHILD (SUMMER)

Service Description H053-KJ

A service that provides specialized sensory-motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a 24-hour day.

Service Requirements and Limitations

- 1. This service shall not be provided in a group home or a developmental home (child or adult).
- 2. This service shall not be provided when the <u>Division member consumer</u> is hospitalized.
- 3. This service shall not be provided to <u>members</u> living in skilled nursing facilities, non-state operated <u>Intermediate Care Facilities</u> ("<u>ICFs"</u>)/<u>MR</u>, or Level I or Level II behavioral health facilities.
- 4. This service is not intended to provide day care relief to caregivers, but to <u>provide an</u> opportunity for the member to participate in actually provide a habilitative activities (based on outcomes identified in the member's planning document) in a structured summer <u>program opportunity for the consumer</u>.
- 5. This Day program services shall beare provided in a Qualified Vendor owned or leased setting or a publically available setting, where the memberschildren participating have been identified as participating in a supervised program. The setting must be inspected by the Department's Office of Licensing, Certification, and Regulation ("OLCR") and approved by the Division.
- 6. This service <u>shall beis</u> designed to allow <u>membersehildren</u> to participate in habilitative activities when a school program is not available for a summer furlough. If a summer school program is available, the <u>planning team [e.g., Individual Support Plan ("ISP"</u>) team] should assess most beneficial option for the <u>memberconsumer</u>.
- 7. This service in no way should be construed to discourage a child from participating in an integrated summer program. When a consumer child is participating in an integrated program (appropriate habilitative goals must be developed, implemented, and achievable) and other child participants do not have developmental disabilities, the applicable hourly rate will be assumed to be at the 1:2.5 to 1:4.5 staff to consumer ratio. Billing requirements pertaining to documentation of staff to client ratios are waived to the Qualified Vendor under these circumstances.
- 8.7. This sService is considered to be habilitation. Since this service is typically provided in a planned and structured manner; if the memberconsumer does not intend to consistently and fully participate on a daily basis as the program is scheduled, the planning ISP team may want to determine whether if this service is appropriate.

- 8. This service provides for the personal care needs of the member.
- 9. Therapy services (Occupational, Physical, and/or Speech) may be provided at Day Treatment and Training locations as identified on the member's planning document [e.g., Individual Support Plan (ISP)] under the following circumstances:
 - 9.1 With the Day Treatment and Training staff present and learning how to implement activities to meet the member's outcome(s) and in conjunction with the home program, or
 - 9.2 At the request of the member or member's representative and with the agreement of the Day Treatment and Training program. A caregiver/responsible personmember representative, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring.

Service Goals and Objectives

Service Goals

- 1. To provide training and supervision for the <u>memberconsumer based on the member's planning document.</u>
- 2. Tto increase or maintain the member's his/her socialization and adaptive skills to live reside and participate successfully in the his/her own community when the child is in a summer furlough.
- <u>32</u>. To provide opportunities for consumers to interact socially with family, friends, and the others in the community at large, including providing information regarding and facilitating access to community resources.
- 43. To provide opportunities for assist the member eonsumer to in developing skills that will lead to meaningful days, valued community roles, and to achieve and maintain a quality of life that promotes the member eonsumer's and his/her family's vision of the future and priorities.
- 4._ To provide opportunities for consumers to participate in meaningful activities and experience new activities.

Service Objectives

The Qualified Vendor shall ensure the following objectives are met:

1. In accordance with the <u>memberconsumer</u>'s <u>planning document [e.g., Individual Support Plan (ISP)] processes</u>, assist in developing an individualized support plan, including:

- 1.1 Establishing iIndividualized, time-limited training functional outcomes that are based on assessment data and input from the membereonsumer and the membereonsumer's representative that who will allow the memberconsumer to achieve his/her long term vision for the future and priorities.
- 1.2 Developing A specific teaching strategyies for each habilitative functional outcomes within ten-twenty (240) business days after initiating initiation of the service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching training strategy for each functional outcome shall identify the schedule for implementation, frequency of services, data collection methods, and the steps to be followed to teach the new skill teaching strategies.
- 1.3 Based upon the presence or absence of measurable progress, making Cehanges to specific training functional outcome(s) and/or strategies, as agreed upon by the member's planning team ISP team., based upon the presence or absence of measurable progress by the member.
- 2. As identified in the <u>membereonsumer</u>'s <u>planning documentISP</u>, provide training and/or assistance such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the <u>memberconsumer</u> are being met, including providing follow-up as requested by the <u>memberconsumer</u>'s <u>Pprimary Ceare Pphysician ("PCP")</u> or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy, and assisting <u>membersconsumers</u> in following special diets, exercise routines, or other therapeutic <u>programprogramregimes</u>;
 - 2.5 Mobility training, alternative, or adaptive communication training;
 - 2.6 Providing general supervision to the <u>memberconsumer</u>;
 - 2.7 Opportunities for training and/or practice in basic <u>lifeconsumer</u> skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting <u>memberseonsumers</u> in utilizing community transportation resources to support the <u>memberconsumer</u> in all daily living activities <u>(</u>,-e.g., day treatment and training, employment situation, medical appointments, visits with family and friends

and other community activities), etc., as identified within the <u>memberconsumer</u>'s planning documentISP.

- 3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
- 4. Assist each <u>memberconsumer</u> in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
- 5. Provide opportunities for <u>members</u> to participate in community activities and facilitate <u>membereonsumer</u> utilization of community resources.
- 6. Provide transportation necessary to support program activities.
- 7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities and document the memberconsumer's direct input into the schedule. Daily activities and schedules are based on the memberconsumer's choice, developmental level, planning documentISP (e.g., ISP) goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to the memberconsumer, memberconsumer's representative, or others upon request.
- 8. Play an active role in ensuring that services with other involved entities, including family members, group homes, health care providers, and schools, are coordinated to meet the needs of the membersconsumers served.
- 9. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of memberseonsumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Information

1. Typical utilization is up to four (4) units per day during summer furlough; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate. Typical programs operate during the weekdays, Monday through Friday, and program sites are generally open during typical work day hours, except for holidays.

The Qualified Vendor shall provide transportation to and from the program for any member needing transportation when the member does not live in a licensed residential setting.

2. The Qualified Vendor should confirm the actual intended use of this service. This would include the start and end date for each membereonsumer as well as their anticipated daily schedule. Inconsistent participation is not conducive to achieving habilitative goals.

- 3. 3. This service is typically provided at the 1:2.5 to 1:4.5 staff to member consumer ratio. Higher ratios may be used based on the collective needs of the members and must be approved by the Division's District Program Manager/designee consumers. Lower ratios must be specifically authorized on a case-by-case basis by the District's Program Manager/designee based on the needs of the member consumer.
 - 3.1 When a member receiving services from the Division is participating in an integrated program with other children who do not have developmental disabilities, the applicable hourly rate shall be at the 1:2.5 to 1:4.5 staff to member ratio.
- 45. Children through the age of fifteen (15) shall be provided service separately from adults. through the age of fifteen (15). Upon age sixteen (16), transition plans may be individually developed, and may permit the inclusion into an employment and/or day program with adults with parental/guardian consent. The transition plan and consent shall be available to the Division upon request.

Rate Basis

- 1. Published. The published ratio rate is based on the ratio of total direct service staff hours with membersconsumers present at the program to total membersconsumer hours.
- 2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

The direct service staff shall:

- 1. Have at least three (3) months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
- 2. Have completed training, approved by the Division, in early childhood development when working with children who are under age six (6).

Recordkeeping and Reporting Requirements

- The Qualified Vendor shall maintain a copy of each <u>memberconsumer</u>'s <u>planning</u> <u>documentsupport plan</u> on file and make it available to the <u>member/consumer/family/memberconsumer</u>'s representative and/or Division upon request.
- 2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team

review no later than ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member.

- 32. The Qualified Vendor shall submit monthly <u>individualized</u> progress reports, <u>including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established functional outcomes, on the member no later than the <u>tenth (10th)thirty (30) business</u> day following the close of the month to the <u>memberconsumer's Ssupport Ccoordinator Division</u> and the <u>memberconsumer/family/memberconsumer</u>'s representative <u>unless the member/member's representative has requested not to receive them</u>. The Qualified Vendor shall refer to the <u>Division's Provider Manual for guidance on report due dates and minimum content of the reports</u>.</u>
 - 3.1 At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes.
- 43. The Qualified Vendor shallmust keep a record of each memberconsumer's attendance, including time of arrival and departure. The time begins when the Qualified Vendor assumes responsibility for the memberconsumer and ends when the Qualified Vendor ends this responsibility. Total time shall not include any time spent during transportation to/from the member's residence.
- <u>54.</u> For direct service staff, Tthe Qualified Vendor shall <u>maintainkeep</u> daily records <u>on file as proof</u>-of the number of hours <u>worked by</u> each direct service staff spends providing direct services to <u>members</u>consumers in the program.
 - <u>5.1</u> Only the time when <u>member</u>consumers are present at the program shall be counted as direct service.
 - 5.2 Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (such as an attendance log that has been signed by the member's representative or the direct care staff who documents the member's arrival and departure) after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member's representative/agency representative before the Qualified Vendor submits the claim for payment.
 - 5.3 Staff tTime related to for behaviorally or medically intense members who have with specially authorized staffing ratios shall be recorded separately.
- <u>65</u>. __The Qualified Vendor shall have a monthly schedule of planned activities posted at all times.
- 76. Best pPractices will include advance notice of the schedule to consumer participants.

- 87. ___The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.
 - 9. The Qualified Vendor shall maintain a ledger and documentation (e.g., receipts) that accounts for the expenditure of all member (client) funds paid or provided to the vendor.used.

